

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

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EXPERIMENTAL SYPHILIS.—The *New York Medical Journal*, in an abstract of an article in *Roussky Vrach*, says: "Tchlenoff presents a very complete review of the research on syphilitic infection, immunization, etc., conducted since the discovery of the *Spirochæta pallida* by Schaudinn. The conclusion he draws from a study of this mass of research which has accumulated within the past eighteen months is that very probably a serum will be discovered with the aid of which one can accurately diagnosticate the disease. He believes with Hoffman that now that the *Spirochæta pallida* has been found we should go on experimenting upon the less susceptible animals—the young pig and the young horse, especially. Although the experimental material on monkeys is still scanty, there is no doubt that the clinical era of syphilis has ended and that the bacteriological has at last dawned. With this new phase lie all our hopes for the future. As Neisser said at the Lisbon Congress: 'I regard it as the highest fortune of my advanced life that I can once more begin to work upon a question of such enormous social interest, and no one feels more than I how thankful we must be to those benefactors of humanity—Metchnikoff, Roux, and Schaudinn.'"

VOERNER'S CARBOLIC ACID TREATMENT OF EXTERNAL AFFECTIONS.—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "In case of a bubo or furuncle, if it is still hard, it is painted with pure carbolic acid, applied on a cotton-wound toothpick, in a strip from 0.5 to 1 cm. wide. The application is repeated daily for a few days until the skin peels off. After an interval of a few days, if the bubo has not retrogressed, the procedure is repeated daily. If there is fluctuation, the bubo is evacuated and the cavity swabbed with pure carbolic acid. This is repeated every second or third day until the cavity granulates, when salve or iodoform gauze is applied. Furuncles are treated with a mixture of nine parts carbolic acid in one part alcohol, applied externally, or the interior is swabbed

out. Care is necessary not to allow the carbolic acid to spread to the surrounding sound skin. A single application generally aborts or cures a small furuncle. The application of the concentrated carbolic acid in the same way cured also in cases of ulcerative and aphthous stomatitis, felons, and glandular processes in the experiences related by Wolff."

INCREASE OF MORNING TEMPERATURE IN CERTAIN PHTHISICAL CASES AFTER USING A HYPNOTIC.—Sabourin (*Journal de praticiens*) has observed that, when a hypnotic is given to phthisical patients their temperature is as a rule elevated a degree or more the next morning, and this may persist for the greater part of the day. He attributes it to the sleep rather than to the drug employed. The physiological dilatation of the peripheral vessels which accompanies sleep and is favored by the warmth of the bed-clothing is exaggerated by the drug, which also may retard the restoration of the circulation to its equilibrium.

THE WAR AGAINST QUACKERY, says *American Medicine*, is now to be systemized—individual efforts are too feeble, but have been useful like those of the prophets. A national society has been in process of organization since last spring, chiefly through the efforts of Mr. C. S. Andrews, counsel of the Medical Society of the County of New York, and it is already supported by a large number of medical and charitable societies. This is a most desirable consummation. The society deserves the active support of every physician in the land in the interests of public health. Not only is the quack to be prosecuted, but war is declared upon patent medicines, adulterated foods, and the newspapers which advertise the frauds.

PAINLESS LABOR.—The *Medical Recorder*, as quoted by the *Medical Record*, says: "E. Lamphcar describes his method as follows: When labor has progressed to the stage when the os uteri is well dilated and the pains are becoming distressingly severe a hypodermic injection of one-quarter of a grain of morphine and one-hundredth of a grain of hydrobromate of hyoscine may be given; in one hour the forceps may be applied and labor completed without any pain whatsoever, even though the perineum be lacerated and sewed up. There need be no hurry—the perfect analgesia will last for hours. If the patient is not asleep at the expiration of the hour after injection a few drops of chloroform may be given by inhalation—a dram at most usually putting the patient

into a profound sleep of some hours' duration. There will be none of the nausea of prolonged ether or chloroform narcosis, no increased danger of post-partum hemorrhage (as after chloroform), and no necessity for a skilled assistant to give the anesthetic."

GENERAL ANÆSTHESIA PER RECTUM.—The *New York Medical Journal*, in a synopsis of a paper in *La Presse Médicale*, says: "Vidal has devised an ingenious apparatus for the rectal administration of ether to induce general anæsthesia. He considers this method indicated in all operations in which asepsis is endangered by the proximity of the anæsthetist when the anæsthesia is induced in the usual way, and when there is disease of the respiratory organs. It is contraindicated by the presence of intestinal disease, such as tumors, chronic inflammation, or hæmorrhoids."

DURATION OF IMMUNIZATION AFTER INJECTION OF DIPHTHERIA ANTITOXIN.—The *Journal of the American Medical Association*, quoting from *Jahrbuch f. Kinderheilkunde*, says: "Sittler states that the protection conferred lasts for three or five weeks or more when the immunized children are not in frequent contact with diphtheria patients or convalescents. When they are with them constantly the immunization cannot be relied on for more than from ten to fourteen days. Catarrhal affections of any kind and injuries of the mucosæ afford a strong predisposition for diphtheria, even in immunized children, which is able at times to shorten materially the period of protection conferred by the injection of antitoxin. After diphtheria plus injection of antitoxin, the child is liable to contract the disease again if opportunity offers as soon as after injection of antitoxin alone. General exanthemata resembling scarlet fever, even when they run an afebrile course and the throat is not much affected, must be regarded as genuine scarlet fever in the majority of cases. It is wiser to take proper measures for isolation rather than to submit the child to repeated injections of diphtheria antitoxin, for fear of developing the phenomenon of "anaphylaxis" or oversusceptibility. The communication issues from Koht's pediatric clinic at Strasburg."

NEED FOR REPOSE AFTER MEALS.—The same journal, in an abstract of a paper in *La Presse Médicale*, says: "Martinet summarizes his conclusions in the statement that in vigorous health there is enough blood to attend to both digestion and exercise of other organs. On the other

hand, if the organism is debilitated from any cause, the blood attending to the task of digestion leaves the other organs with such a scanty supply that they should not be called on for any work at this time. Nature announces this by lassitude and somnolency. Whether rest is needed after eating is thus an individual matter, although it is well to advise against a nap after dinner in case of heart disease, arteriosclerosis, obesity, or a tendency to apoplexy. Persons in this category should rest before eating."

THE TREATMENT OF RECENT WOUNDS WITH BANDAGES DRIED BY HEAT.—The *Journal of Surgery*, quoting from a paper in a German contemporary, says: "The author, E. Asbeck, a German surgeon, made a trip as ship's surgeon on a crowded coolie-ship. The coolies suffered from many burns as the ship's motion spilled their hot rice soup upon their nearly naked bodies. As bandages were scarce, a single dressing was used, and immediately after the dressing the wounded part was exposed to the tropical sun or to the heat of the ship's furnaces until completely dry. It was found that a single dressing usually sufficed and no suppuration occurred.

"Since then the author has had the opportunity to use the same method in over five hundred cases of fresh injuries at Professor Bier's clinic, with almost uniform success. The wound is not irrigated, nor the surroundings cleaned, unless of coarse macroscopic dirt. A piece of xeroform gauze is put on the wound, burn, or other injury, and then a dressing and bandage. At once the affected part is exposed to the heat—as, for instance, the boiler fire of a factory, the home stove, or even the Bunsen flame of the doctor's office for small surfaces, until the wound and bandage are thoroughly dried. The good results are partly due to the fixation of germs in the neighborhood, the acute hyperemia induced, and the sealing of the wound surface against outside infection."

THE PHYSIOLOGICAL LIMITATIONS OF RECTAL FEEDING.—The *American Journal of the Medical Sciences* has a paper on this subject by D. L. Edsall. He states that the limitations of this method as a means of furnishing food, not its therapeutical limitations as a means of combatting symptoms, are very narrow. Those who are thus fed lose in general nutrition and lose in weight. The fact that the patient himself feels better for this form of treatment is not evidence that he has improved in nutrition, though it may mean that the disease which has suggested this treatment has ameliorated. The amount which may be

absorbed in twenty-four hours under favoring conditions is the equivalent in nutriment of one glass of milk. The chief advantages of rectal alimentation consist in furnishing mental satisfaction, water, and salts to the body, and to this extent it furnishes a direct and positive gain. As to the food substances, the protein, fats, and carbohydrates, all are absorbed by the lower bowel, but far less freely than when taken by the mouth. In cases in which there is troublesome vomiting or any other transitory cause rectal alimentation is most important, but it should be employed only so long as may be required by the conditions affecting the usual channel for food. Intestinal putrefaction has been observed to be excessive when the use of the rectum for feeding is prolonged.

THE ACTION OF QUININE ON THE AUDITORY NERVE.—The *Journal of Laryngology*, as quoted in the *Medical Record*, says: "Dundas Grant declares that quinine causes congestion of the labyrinth, and also notes that the tinnitus caused by this drug can be quieted by compression on the vertebral arteries. This has the effect of diminishing the pressure in the basilar artery, its branches in the internal auditories, and thereby in the vessels of the labyrinth. This compression may be made in the suboccipital region, the thumb and finger of one hand being placed in the hollows behind the mastoid process, while counter pressure is made by the other hand on the forehead. As the arteries lie under the complexus muscle the pressure must be rather firm. If such pressure checks pulsating noises or vertiginous feelings the inference is that these are due to congestion in regions supplied by the branches of the basilar artery, probably the internal ear."

The centipede was happy quite
Until the toad in fun
Said, "Pray, which leg comes after which?"
This wrought her mind to such a pitch
She lay distracted in a ditch,
Considering how to run.